

United States
Department of
Agriculture

Animal and Plant Health Inspection Service T 013795-001

Policy and Program Development 4700 River Road, Unit 152 Riverdale, MD 20737–1237 Telephone: 301/734–8963

> ENQL 7-1 CY03 PERMANENT Retire 03/08

> > March 3, 2003

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504C) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue, N.W Washington, DC 20460-0001

ATTN:

Norman Spurling

SUBJECT:

FIFRA, Section 6(a)(2) report; single adverse effects incident

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of September 1, 2002 through November 31, 2002:

EPA Reg. No. 56228-15

M-44 Cyanide Capsules

Active Ingredient:

CAS No. 143-33-9

Sodium Cyanide

No. of Incidents

Incident Category H-D

1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely,

Carl Ransch

Deputy Director, Environmental Services

Policy and Program Development

Enclosure

An Equal Opportunity Employer

APHIS- Protecting American Agriculture

ISBreed 3/11/03

## U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

	O(a)(Z) AUVI	ERSE EFFECTS INCI	DENI INFORM	ATION REPORT	ES USE ONLY	
INCIDENT CODE		INCIDENT STATUS	ate of last submission	DATE WS BECAME AWARE OF THE INCIDENT	REPORT NUMBER	
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-D Human Minor Xew	11.	o z   _ opaule			, .	
EMPLOYEE NAME (To contact for addition	onal information)	TELEPHONE NUMBER	CONTACT NAME (	If Non-APHIS)	TELEPHONE NUMBER	
EMPLOTEE NAME (19 commerce and			N/	Α		
7						
DUTY STATION ADDRESS			ADDRESS			
INCIDENT LOCATION			SOURCE OF INFORMATION			
CITY	STATE COUNTY		Self X Telephone Call Letter			
			Media	Oral Report	Other	
The state of the s	ill eplach drift run	off or other )		- A she make a constitution of the constitutio		
EXPOSURE TYPE (Examples include sp	nii, spiasti, utiit, run	on or other.			•	
Drift					on warmen los include	
INCIDENT SITE [examples include of agricultural (specify crop), rangeland/	commercial or res	sidential sites, forest/woods	s application, mixing	/loading, reentry, during transpo	SE INCIDENT: [examples include t, repair/maintenance of application	
agricultural (specify crop), rangeland/j (specify), recreational area (specify), righ	pasture, noncrop : nt-of-way (rail, utility	nica, railow nelo, public land , highway)]	equipment, during	manufacturing/formulation]		
			<del>-</del>	l'ana 7 dampay	sing by upauthori	
Rangeland/Pasture	on priva	ate property		ntional tamper vidual	ing by unauthori	
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EPA REGISTRATION NUMBER	PRODUCT NAM	1E	1	MOLIAE MONEDIEM		
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	M-44			Sodium Cyanic		
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		ROUTE OF	EXPOSURE	ES USE ONLY
		Ì		REPORT NUMBER
HUMAN INCIDENT - SUPPLEMENTAL REPORT			Respiratory Eye Ski	n
CRIBE SIGNS, SYMPTOMS, ADVERS	SE EFFECTS:			
atta of the M-11	4. Duration wa e realized that	s short the un	. Admitted she it discharged.	on to eyes at the became very No symptoms at
ABORATORY TESTS WERE PERFO	RMED, LIST NAME OF TEST(S) AN	D RESULTS (If a	ailable, attach copies):	
No report of an	y test being pe	erformed	l at hospital.	
E BETWEEN EXPOSURE AND	WAS ADVERSE EFFECT THE	RESULT OF	TYPE OF MEDICAL CARE SOUGHT	
ISET OF SYMPTOMS		Yes X No		
immediately	Suicide/homicide			
	Attempted Suicide/homicide	Yes X No	HICS	
X Male Age	if female, pregnant?	Occupation		
Female UNK.	Yes No UNK			
nount of Pesticide	Duration of Exposure	EXPOSURE   Weight of	Was the exposure occupational	If "Yes", work days lost to illness related to exposure
1 capsule/0.8g	seconds	Victim UNK	Yes No	
ERE PERSONAL PROTECTIVE EQU				
- CTORE				
unit and cause	d it to dischar	rote as s	he attempted to	ed with the M-44 remove it from the ed warning signs.
NAME OF PREPARER		SIGNATURE	4 /	DATE
NAME OF SUPERVISOR		SIGNATURE		ĎAYE

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WS FORM 160A-R (June 99)

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